



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	DCL-04
Name of provider:	Dara Residential Services
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	21 January 2025
Centre ID:	OSV-0005868
Fieldwork ID:	MON-0037065

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

DCL-04 is a community based home which can provide residential care for a maximum four residents both male and female aged 18 years or older. Currently there are no residents residing in the centre, with the recent discharge of three residents. The aim of the provider is to support residents to achieve a good quality of life, develop and maintain social roles and relationships and realise their goals to live the life of their choice. Residents with an intellectual disability and low to medium support needs can be supported in the centre. The designated centre is based in a large town in Co. Kildare close to a variety of local amenities. There are good public transport links and the centre also has a vehicle for use by residents. The centre comprised of a two storey, four bed roomed house for up to three residents and a separate two bed roomed townhouse which was located a short distance away and could accommodate one resident. The core team to support residents included support workers led by the Person In Charge. Staffing is arranged based on residents' needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 21 January 2025	09:00hrs to 17:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that residents who would live in the centre would receive good quality of care in which their independence would be promoted. There was no one living in the centre at the time of this inspection. The centre comprised of a two storey, four bed roomed house and a separate two bed roomed townhouse which was located a short distance away. Two residents who had been living in the main house transitioned to live in a new designated centre also operated by this provider. A resident living in the townhouse had recently transitioned to live independently within the community with some supports.

The centre was located on the outskirts of a town in Kildare and within walking distance of a range of local amenities. The centre was registered to accommodate four adult residents in total - three in main house and one in the town house. There were four vacancies at the time of inspection. A resident in a crisis situation had been identified to transition from another centre operated by this provider to this centre as an interim measure. No further referrals or admissions had been confirmed at the time of inspection.

The inspector met with the person in charge on the day of inspection. The majority of the staff team had transitioned with the two residents who had been discharged from this centre to their new home. This enabled continuity of care to be provided. It was proposed that the staff team, including the person in charge and team leader currently supporting the resident identified to transition to the centre would also move with that resident to this centre.

The centre was found to be comfortable, homely and overall in a good state of repair. Since the discharge of the residents in December 2024, both properties had been repainted throughout. Bathrooms, kitchen and other areas in both properties were observed to be in a good state of repair. It was proposed that each of the new admissions to the centre would have their own bedroom which would be personalised to the individual resident's tastes. This would promote the residents' independence and dignity. Each area was a suitable size and layout. There was a nice sized garden which had patio stones, to the rear of the main house and to the rear of the town house. These areas included a seating area for outdoor dining, some potted plants and flower beds.

There was evidence that the previous residents and their representatives were consulted and communicated with, about decisions regarding the running of the centre. The provider had completed a survey with the previous residents and their relatives as part of their annual review. This indicated that those residents and their families were happy with the care and support being provided. It was proposed that all new residents would have access to an independent advocate. The provider had a rights coordinator within the service and it was proposed that information on

residents rights would be available for residents.

Previous residents were supported to engage in meaningful activities in the centre and local community. It was proposed that any residents being admitted to the centre would have their needs assessed and they would be supported to engage in suitable activities within the community. Examples of activities that the previous residents engaged in included, walks to local scenic areas, drives, family visits, attending shows and concerts, swimming and dining out. The previous residents had also been supported to attend their respective day service programmes.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to any proposed resident's needs.

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the director of administration who in turn reported to the chief executive officer. The person in charge and director of operations held formal meetings on a regular basis. She reported that she felt supported in her role.

The provider had completed an annual review of the quality and safety of the service being provided to the previous residents and unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations. A number of other audits and checks had also been completed on a regular basis. Examples of these included, health and safety checks, fire safety and finance. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The proposed staff team for the centre were due to transition, from another centre operated by the provider, with the resident identified to transition to the centre. These staff were considered to have the right skills and experience to meet the assessed needs of this resident. This would provide consistency of care for this resident. It was proposed that actual and planned duty rosters would be maintained once residents were admitted to the centre. It was proposed that a full complement of staff would be put in place once admissions were identified and their needs were assessed.

There was a staff training and development policy. A training programme was in place and coordinated centrally. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were proposed.

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person. She had a good knowledge of the assessed needs and support requirements for the proposed resident. The person in charge held a degree in social science and a certificate in applied management. She had more than five years management experience. She was in a full time position and was also responsible for two other designated centres operated by the provider. The person in charge was supported by a team leader in one of those centres. It was proposed that the person in charge and team leader currently supporting the resident identified to transition to the centre would also move with that resident to this centre. The provider advised the inspector that they would duly notify the office of the chief inspector of this in accordance with the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

The proposed staff team for the centre were due to transition, from another centre operated by the provider, with the resident identified to be admitted to the centre. These staff were considered to have the right skills and experience to meet the assessed needs of this resident. It was proposed that actual and planned duty rosters would be maintained once residents were admitted to the centre. It was proposed that a full complement of staff would be put in place once admissions were identified and their needs were assessed.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service being provided to the previous residents and this included consultation with residents and their families. Unannounced visits to review the quality and safety of care on a six monthly basis as required by the regulations had been undertaken.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which had been reviewed in November 2024. It was found to contain all of the information set out in schedule 1 of the Regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

There were a suite of policies and procedures in place on the matters set out in Schedule 5 of the Regulations. These were subject to review at periods not exceeding three year intervals.

Judgment: Compliant

Quality and safety

There were suitable arrangements in place for proposed residents to receive care and support which was of a good quality, person-centred and which promoted their rights.

There were arrangements in place to promote evidence-based care and support and consequently the well-being, protection and welfare of residents proposed to live in the centre. A template personal support plan 'All about me and how to support me' document was in place which it was proposed would be developed within 28 days of a residents transition to the centre. It was proposed that it would reflect the assessed needs of the individual residents and outline the support required to maximise their personal development in accordance with their individual health, personal and social care needs and choices. It was proposed that an annual personal plan review would be completed within 12 months in line with the requirements of the regulations for any resident admitted to the centre. There was also a template for a valued social roles plan.

The health and safety of proposed residents, visitors and staff were promoted and protected. Suitable precautions were in place against the risk of fire. There was a risk management policy and environmental risk assessments in place. These outlined appropriate measures in place to control and manage the risks identified. It

was proposed that individual safety assessments for proposed residents would be completed on their admission. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving proposed residents. This promoted opportunities for learning to improve services and prevent incidences.

Regulation 17: Premises

The centre comprised of a two storey, four bed roomed house and a separate two bed roomed townhouse which was located a short distance away. The centre was registered to accommodate four adult residents in total - three in main house and one in the apartment. There were four vacancies at the time of inspection. The centre was found to be comfortable, homely and overall in a good state of repair. Since the discharge of the residents in December 2023, both properties had been repainted throughout. Bathrooms, kitchen and other areas in both properties were in a good state of repair. It was proposed that each of the new admissions to the centre would have their own bedroom which would be personalised to the individual resident's tastes. Each area was a suitable size and layout. There was a nice sized garden which had patio stones, to the rear of the main house and small patio area to the rear of the town house. These areas ,included a seating area for outdoor dining, some potted plants and flower beds.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of the proposed residents, visitors and staff were promoted and protected. Environmental risk assessments and safety assessments were on file and had recently been reviewed. It was proposed that individual risk assessments would be completed for all proposed residents on their admission. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. All areas appeared clean. A cleaning schedule was in place which was overseen by the person

in charge. Sufficient facilities for hand hygiene were observed. There were adequate arrangements in place for the disposal of waste. Records showed that specific training in relation to infection control had been provided for staff across the wider organisation.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions had been put in place against the risk of fire. There was documentary evidence that the fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in each of the houses. Self closing devices had been installed on doors. There were adequate means of escape and a fire assembly point was identified for each house. It was proposed that personal emergency evacuation plans would be put in place for each resident admitted to the centre in a timely manner and that these would assess the mobility and cognitive understanding of individual resident. It was proposed that fire drills involving residents would be undertaken at regular intervals following admission.

Judgment: Compliant

Regulation 9: Residents' rights

There were arrangements proposed to promote residents' rights in the centre. It was proposed that residents would have access to the national advocacy service and information about same was available. It was proposed that there would be active consultations with each proposed resident and their families regarding their care and the running of the centre. The provider had a rights coordinator in place and their contact details were available in the centre. The provider had an advocacy committee in place whose membership included residents from other centres.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 9: Residents' rights	Compliant